## New York State and Local Retirement System

Employees Retirement System
Police and Fire Retirement System
Alan G. Hevesi, Comptroller

110 State Street

Albany, New York 12244 http://www.osc.state.ny.us

Receipt Date

Office Use Only

## FORM W-4P

WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY PAYMENTS Tel No. (518) 474-7736 in Albany area or Toll Free 1 (866) 805-0990 Fax No. (518) 402-4433

http://www.osc.state.ny.us																															
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	Complete ONLY ONE SECTION-Sign and date in the boxes below																														
	Section 1																														
I DO	I DO NOT want to have Federal Income Tax withheld from my monthly benefit  (DO NOT complete Section 2 or 3)																														
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Section 2 I want to have Federal Income Tax calculated and withheld using the Federal Tax Withholding Tables																															
Marital Status (check one) Single/Widow(er) Married																															
Total number of allowances (exemptions) I wish to claim (example for 3 exemptions) 0 3																															
Please withhold an additional amount of \$, each month.  (DO NOT complete Section 1 or 3)																															
-OR-																															
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I want to have a specific dollar amount of Federal Income tax withheld from my monthly benefit																															
Total Fixed Dollar Amount to be Withheld Monthly \$,																															
	Please send completed form to address above Attention Tax Unit 4th floor																														
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